

Kentucky Natural Resources and Environmental Protection Cabinet  
 Department for Environmental Protection  
 Division of Waste Management  
 14 Reilly Road - Frankfort, Kentucky 40601

DO NOT WRITE IN THIS SPACE

## Part A of the Kentucky Hazardous Waste Permit Application

Facility's EPA ID No.

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**FOR OFFICIAL USE ONLY**

Fee Submitted \$

Receipt No.

Date:

FIRST SUBMITTAL (*see INSTRUCTIONS*)

REVISION

PAGE \_\_\_\_\_ OF \_\_\_\_\_

RENEWAL

1. Name of Facility: \_\_\_\_\_

2. Location of Facility: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. County: \_\_\_\_\_ *See INSTRUCTIONS:* Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_4. Name of Land Owner: *See INSTRUCTIONS:* \_\_\_\_\_

Legal status of Land Owner: Federal (F) State (S) County ( C ) Indian (I)

Municipal (M) District (D) Private (P)

Other (O) specify: \_\_\_\_\_

Land Owner's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Facility Land Owner's Telephone Number: ( ) \_\_\_\_\_

5. Existing Facilities, provide the date operation began or construction commenced: \_\_\_\_\_  
(Month, Day, Year)New Facilities, provide the date operation is expected to begin: \_\_\_\_\_  
(Month, Day, Year)

6. Facility Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

7. Facility Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Facility Contact Person may be reached at Mailing Address Location Address Other Specify: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Facility's EPA ID Number

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8. Name of Facility Operator: *See INSTRUCTIONS:* \_\_\_\_\_

Type of Owner: Federal (F) State (S) County ( C ) Indian (I)

Municipal (M) District (D) Private (P)

Other (O) specify: \_\_\_\_\_

Operator's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Facility Operator's Telephone Number: ( ) \_\_\_\_\_

New Operator Assumed Responsibility for Facility on this Date: \_\_\_\_\_  
(Month, Day, Year)

9. Name of Facility Owner: *See INSTRUCTIONS:* \_\_\_\_\_

Legal status of Land Owner: Federal (F) State (S) County ( C ) Indian (I)

Municipal (M) District (D) Private (P)

Other (O) specify:

\_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Facility Owner's Telephone Number: ( ) \_\_\_\_\_

New Operator Assumed Responsibility for Facility on this Date: \_\_\_\_\_  
(Month, Day, Year)

10. SIC Codes: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_

Briefly describe the type of business conducted at this site: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



PAGE \_\_\_\_\_ OF \_\_\_\_\_

Facility's EPA ID Number

**11. PROCESS DESCRIPTION. *See Instructions***

Commercial Indicator	Unique Unit or Group Name	Legal Status Code	Process Codes	Process Design Capacity Of All Units Listed Under This Name	Unit of Measure	Number Of Individual Units In This Process	Operating Status Code	Description Of Process

Facility's EPA ID Number											

12. WASTE STREAM DESCRIPTION. *See Instructions.*

WASTE STREAM NUMBER	ESTIMATED ANNUAL WASTE AMOUNT	UNIT OF MEASURE	EPA WASTE NUMBERS	PROCESS CODES ASSOCIATED WITH THIS WASTE
		TONS		
		TONS		
		TONS		
		TONS		
		TONS		
		TONS		
		TONS		
		TONS		
		TONS		
		TONS		
		TONS		
		TONS		
		TONS		
		TONS		
		TONS		
		TONS		
		TONS		

**13. Existing Environmental Permits:**

Inter-State Regional Program [A]: \_\_\_\_\_  
 Single Well (FURS) [B]: \_\_\_\_\_  
 County Program [C]: \_\_\_\_\_  
 DOE Program [D]: \_\_\_\_\_  
 Other EPA Program [E]: \_\_\_\_\_ specify: \_\_\_\_\_  
 EPA 404 (dredge or fill program) [F]: \_\_\_\_\_  
 USGS Program [G]: \_\_\_\_\_  
 Area Wells (FURS) [H]: \_\_\_\_\_  
 NOTIS [J]: \_\_\_\_\_  
 Superfund (CERCLIS) [K]: \_\_\_\_\_  
 FATES [L]: \_\_\_\_\_  
 Municipal (city, town, etc.) Program [M]: \_\_\_\_\_  
 NPDES/KPDES (discharges to surface water) [N]: \_\_\_\_\_  
 PSD (prevention of significant deterioration - Clean Air Act) [P]: \_\_\_\_\_  
 CDS [Q]: \_\_\_\_\_  
 RCRA (hazardous wastes) [R]: \_\_\_\_\_  
 State Program [S]: \_\_\_\_\_  
 DOT Program [T]: \_\_\_\_\_  
 UIC (underground injection of fluids) [U]: \_\_\_\_\_  
 Intra-State Regional Program [W]: \_\_\_\_\_  
 Other Federal Program [X]: \_\_\_\_\_ specify: \_\_\_\_\_  
 CICIS (OTS Chemicals in Commerce Information System) [Y]: \_\_\_\_\_  
 Other Non Federal Programs [Z]: \_\_\_\_\_

**14. FACILITY STATUS:**

Waste is NOT received from off-site

Accepts waste from any off-site source(s) [A]

Accepts waste from only a restricted group of off-site sources(s) [R]:

Specify: \_\_\_\_\_

**15. PHOTOGRAPHS, DRAWING AND MAP - See INSTRUCTIONS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment or disposal areas; and sites of future treatment, storage or disposal areas. All existing facilities must include a drawing showing the general layout of the facility and a topographic map. The photographs, drawing and map must be attached to this form.

**16. If the facility owner is also the facility operator, please skip this section and complete item 17 below.**

**Owner Certification** - I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (PRINT OR TYPE)

SIGNATURE

DATE SIGNED

**17. Operator Certification** - I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (PRINT OR TYPE)

SIGNATURE

DATE SIGNED

**18. Land Owner Certification** - I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (PRINT OR TYPE)

SIGNATURE

DATE SIGNED

## General Instructions for Part A of the Kentucky Hazardous Waste Permit Application (DEP - 7058A, effective 7/97)

Instructions are provided only for categories on Part A of the Kentucky Hazardous Waste Permit Application form which are not self explanatory. If you have questions about any information category, please call the Division of Waste Management at (502) 564-6716 and ask for the Hazardous Waste Branch. The form must be typed or printed legibly. **Important Note: This Part A of the Kentucky Hazardous Waste Permit Application form will supersede all Part A forms previously submitted for your company. Be sure to include all information for every activity at your installation.**

**Part A Filing Fee:** For first time submittals \$1,000, Part B Permit renewals \$1,000; there is no filing fee for revising the Part A form. Checks must be made payable to the **Kentucky State Treasurer** and submitted with the form to the Division of Waste Management, Hazardous Waste Branch, 14 Reilly Road, Frankfort, Kentucky 40601.

**First Submittal:** Applications marked as “first submittal” must be accompanied by the completed form (DEP - 7037).

3. **Latitude/Longitude:** This can be obtained from a USGS topographic map. Latitude and longitude must be provided in degrees, minutes, and seconds. If you cannot determine this information for your company, leave this category blank and send a map which clearly identified your company’s location with respect to named streets and landmarks.
4. **Name of Land Owner:** Enter the name of the property owner(s) of the land. Identify EVERY individual or stockholder owning 25% or more interest in this property. Use a separate sheet if necessary. Identify the legal status of the land owner and provide a mailing address and telephone number of the land owner’s contact person.
8. **Name of Facility Operator:** Enter the legal name of the company(ies) or individual(s) that serve as the operator at this facility. Identify EVERY individual or stockholder owning 25% or more interest in the operation of this facility. Use a separate sheet if necessary. Identify the legal status of the operator and provide a mailing address and telephone number of the operator.
9. **Name of Facility Owner:** Enter the legal name of the company(ies) or individual(s) that own this facility. Identify EVERY stockholder owning 25% or more interest in this facility. Use a separate sheet if necessary. Identify the legal status of the owner and provide a mailing address and telephone number of the owner’s contact person.
10. **SIC Codes:** Identify the four-digit Standard Industrial Classification code that applies to your business. If several codes apply, use up to four separate SIC codes to describe your business. The first SIC code entered is the primary code for the facility. SIC Codes can be obtained from the 1987 Standard Industrial Classification Manual available at libraries or from the Division of Waste Management.

### 11. PROCESS DESCRIPTION

COMMERCIAL  
INDICATOR:

- 1 = Accepts waste from off-site generators
- 2 = Accepts waste only from related “captive” off-site generators (same corporation)
- 3 = Accepts waste from a restricted group of off-site generators
- 4 = Not commercial - accepts no off-site waste (Closed units should use this category)

**UNIQUE UNIT OR GROUP NAME:** Provide a brief and unique name (the computer will accept only 18 characters) for each unit or group of units at the facility. Do **NOT** include units that have verified clean closure. Names must be descriptive and must be identified on the attached maps. These names should be referenced on future submittal such as Part B applications and reports. Examples of descriptive names include: Tank Farm 1; Drum Area; West Pond; Cool Pond; Acid Tank; Tank B52; etc.

LEGAL STATUS CODE: Use from the double character legal status codes identified below for the process code selected for each unit/group name:

DL = Delisted  
 EM = Emergency Permit  
 IS = Interim Status  
 IT = Interim Status Terminated  
 LI = Lost of Interim Status  
 LP = Loss of Pre-Mod Authorization  
 NN = Non-notifier/Illegal  
 NR = Never Regulated as a TSD  
 PC = Post-Closure Permitted

PI = Permitted  
 PM = Pre-Mod Authorization  
 PR = Proposed  
 PT = Permit Terminated/Permit Expired, not Continued  
 RD = Research, Development, and Demonstration Permit  
 RQ = Requested but Not Approved  
 RU = Permit-by-Rule  
 SR = State Regulated  
 TA = Temporary Authorization

PROCESS CODES: Use any code from the tables below that applies. The “Unit of Measure” used to report “Process Design Capacity: must be one of the codes identified in the table below. For example, a waste pile (S03) may only report “Process Design Capacity” in cubic meter (C) or cubic yards (Y).

TREATMENT		
PROCESS CODES	PROCESS DESCRIPTION	UNIT OF MEASURE CODE
T01	Tank Treatment	D, E, H, J, N, R, S, U, V, W
T02	Surface Impoundment Treatment	D, E, H, J, N, R, S, U, V, W
T03	Incinerator	D, E, H, I, J, N, R, S, U, V, W, X
T04	Other Treatment	D, E, H, I, J, N, R, S, U, V, W, X
T80	Boiler	E, G, H, I, L, X
T81	Cement Kiln	D, E, H, I, J, N, R, S, U, V, X, X
T82	Lime Kiln	D, E, H, I, J, N, R, S, U, V, X, X
T83	Aggregate Kiln	D, E, H, I, J, N, R, S, U, V, W, X
T84	Phosphate Kiln	D, E, H, I, J, N, R, S, U, V, W, X
T85	Coke Oven	D, E, H, I, J, N, R, S, U, V, W, X
T86	Blast Furnace	D, E, H, I, J, N, R, S, U, V, W, X
T87	Smelting, Melting, or Refining Furnace	D, E, H, I, J, N, R, S, U, V, W, X
T88	Titanium Dioxide Chloride Process Oxidation Reactor	D, E, H, I, J, N, R, S, U, V, W, X
T89	Methane Reforming Furnace	D, E, H, I, J, N, R, S, U, V, W, X



## PROCESS CODES CONTINUED . . . .

“Use any code from the tables below that applies”

TREATMENT CONTINUED		
PROCESS CODE	PROCESS DESCRIPTION	UNIT OF MEASURE CODE
T90	Pulping Liquor Recovery Furnace	D, E, H, I, J, N, R, S, U, V, W, X
T91	Combustion Device Used in the Recovery of Sulfur Values from Spent Sulfuric Acid	D, E, H, I, J, N, R, S, U, V, W, X
T92	Halogen Acid Furnaces	D, E, H, I, J, N, R, S, U, V, W, X
T93	Other Industrial Furnaces Listed in 401 KAR 30:010	D, E, H, I, J, N, R, S, U, V, W, X
T94	Containment Building for Treatment	C, D, E, H, J, N, R, S, U, V, W, Y

STORAGE		
PROCESS CODE	PROCESS DESCRIPTION	UNIT OF MEASURE CODE
S01	Container	C, G, L, Y
S02	Tank Storage	C, G, L, Y
S03	Waste Pile Storage	C, Y
S04	Surface Impoundment Storage	C, G, L, Y
S05	Drip Pad	C, G, L, Q, Y
S06	Containment Building for Storage	C, Y
S99	Other Storage	A, B, C, D, E, F, G, H, I, J, L, N, Q, R, S, U, V, W, Y

DISPOSAL		
PROCESS CODE	PROCESS DESCRIPTION	UNIT OF MEASURE CODE
D79	Underground Inject Well Disposal	G, L, U, V
D80	Landfill	A, B, C, F, Q, Y
D81	Land Application	B, C, Q, Y
D82	Ocean Disposal	U, V
D83	Surface Impoundment Disposal	C, G, L, Y
D99	Other Disposal	A, B, C, D, E, F, G, H, I, J, L, N, Q, R, S, U, V, W, Y

“Use any code from the table below that applies”

MISCELLANEOUS		
PROCESS CODE	PROCESS DESCRIPTION	UNIT OF MEASURE CODE
X01	Open Burning/Open Detonation	A, B, C, D, E, F, G, H, I, J, L, N, Q, R, S, U, V, W, X, Y
X02	Mechanical Processing	D, E, H, J, N, R, S, U, V, W
X03	Thermal Unit	C, D, I, J, N, R, S, U, V, W, X, Y
X04	Geologic Repository	A, C, F, G, L, Y
X99	Other Subpart X (Other Miscellaneous Units)	A, B, C, D, E, F, G, H, I, J, L, N, Q, R, S, U, V, W, Y

**PROCESS DESIGN CAPACITY:** If the unit/group of units is operating, provide the total capacity for the entire group of units identified under the Unique Unit ID Name. For example, a storage tank farm with four 1,000 gallon tanks could be reported as 4,000 G (gallons). If the unit/group of units is closed with waste in place, provide the total amount of waste or soil contamination disposed. For example, a landfill with an original design capacity of 1,000 cubic yards that closed with only 500 cub yards of waste in place would be reported as 500 Y (cubic yards). A tank that closed as a landfill due to contamination would be reported as a landfill (D80) with the estimated amount of soil contamination present in A (acre-feet) or F (hectare-meter). A certified clean closed unit which has been verified by the Division (i.e., a verified clean closed container storage unit) is NOT reported.

**UNIT OF MEASURE:** Use the single digit Unit of Measure Code identified below for the Process Code selected for each unit. For example for a container storage area (S01), the only valid units of measure are gallons (G) or liters (L).

A = acre-feet	L = liters
B = acres	N = short tons per day
C = cubic meters	Q = hectares
D = short tons per hour	R = kilograms per hour
E = gallons per hour	S = metric tons per day
F = hectare-meter	U = gallons per day
G = gallons	V = liters per day
H = liters per hour	W = metric tons per hour
I = BTUs per hour	X = million BTU's per hour
J = pounds per hour	Y = cubic yards

**NUMBER OF INDIVIDUAL UNITS IN PROCESS:** Identify the number of individual units within the area identified with the Unique Unit or Group ID Name. For example, a tank farm may have five tanks within the containment area; a cooling water system may have only one impoundment; a container storage area may be divided into three separate containments areas, etc. Do not count the number of containers within each containment area; list the number of containment areas.

**OPERATING STATUS CODE:** Use from the double character operating status codes identified below for the process code selected for each unit/group name:

AB = Abandoned	CR = Conducting Activities not Requiring a Permit
BC = Before Construction	IN = Inactive/Closing but not yet RCRA Closed
CC = Cleaned Closed	OP = Operating, Actively Managing RCRA-Regulated Waste
CO = Completed Post-Closure Care	PF = Protective Filer
CP = Closed with waste in place	SF = Referred to CERCLA
DC = Delay of Closure	UC = Under Construction
CV = Converted but Not RCRA Closed	CN = Constructed, Not yet Managing Hazardous Waste

**DESCRIPTION OF PROCESS:** Provide a brief description of each process for every unique unit/group name (i.e. storage of waste antifreeze, storage/treatment of halogenated waste, etc.)

## 12. WASTE STREAM DESCRIPTION

**WASTE STREAM NUMBER:** Number each waste stream. A waste stream is the total output of waste at a single "point of generation" such as the waste generated by a piece of equipment or at the end of a pipeline, etc. Closed facilities/units should report the waste streams which remain on-site (i.e., landfill, disposal surface impoundments, soil contamination from tanks, etc.), but NOT generator accumulation wastes or clean closed units. (Waste stream examples: acetone waste (F003) which is generated from two separate processes (such as degreasing and paint removal) would be reported on two separate lines with two different waste stream numbers. A waste which is generated as a mixture of several hazardous wastes (i.e., degreasing solvent containing both acetone and 1,1,1-trichloroethane) would be reported as a single stream F003/F001, if it is mixed before the point of generation.

**ESTIMATED ANNUAL WASTE AMOUNT:** List the estimated annual amount of waste managed at this facility for each waste stream listed. For closed facilities, this category should be completed with a zero since no new wastes will be received annually (i.e., closed landfills, D80 can only be reported with a zero).

**UNIT OF MEASURE:** The annual estimated amount of waste managed must be reported in TONS (2000 pounds per ton). When possible, use the actual weight of the waste. Approximations can be made for liquids based upon the weight of water (8.34 pounds per gallon).

**EPA WASTE NUMBERS:** List every EPA waste number that describes the waste stream. Facilities/units that closed with waste or soil contamination in place should report the waste numbers for these wastes. The codes PALL, UALL, FALL, KALL, or DALL may be used to designate that a waste stream contains EVERY waste listed under P(PALL), U(UALL), F(FALL), K(KALL), or D(DALL) waste codes. The lists of hazardous wastes are found in 401 KAR 31:040. The waste numbers for characteristically hazardous wastes are found in 401 KAR 31:030.

**PROCESS CODES ASSOCIATED WITH THIS WASTE:** Identify every process code from the preceding page that is used in the management of each waste stream. Process codes on this page must match those reported in item 11 Process Description.

## 13. EXISTING ENVIRONMENTAL PERMITS:

Identify every existing environmental permit that your facility holds. Categories that are not applicable may be left blank.

## 14. FACILITY STATUS:

Mark each category that is applicable. Identify whether your facility operates as a commercial waste management facility and whether waste is received from off-site. Commercial facilities typically are those that accept waste from off-site and whose primary business is waste management as opposed to manufacturing or other services. Non-commercial or private facilities typically handle only those wastes generated on-site or from related (same corporation) generators.

## 15. PHOTOGRAPHS, DRAWING AND MAPS:

Each Part A must be accompanied by the following:

- (1) Topographic map of the area extending at least to one mile beyond the property boundaries of the facility which clearly shows: (a) the legal boundaries of the facility (b) the location and serial number of each existing

or proposed intake and discharge structure ( c ) all hazardous waste management facilities (d) each well where you inject fluids underground and (e) all springs and surface water bodies in the area plus all drinking water wells within ¼ mile of the facility which are identified in the public record or are otherwise known to you. Each map must contain the map scale, a meridian arrow showing north, and latitude/longitude at the nearest whole second. On all maps which depict rivers, show the direction of flow. You must use a 7 ½ minute map published by the US Geological Survey if one is available for your area. If a 7 ½ minute map is unavailable, you may use a 15 minute map from the US Geological Survey. If neither a 7 ½ minute map nor a 15 minute map is available from the US Geological Survey, then use a plat map or other appropriate map which includes all the required information and briefly describe land uses in the map area (i.e., residential, commercial, etc.). You may trace a map from a geological survey chart or other map meeting the required specifications. If you do, your map must bear the number or title of the map or chart from which it was traced. It must include the names of towns, water bodies and other prominent points.

(2) All existing facilities must include a drawing showing the general layout of the facility. The drawing must be approximately to scale and must fit on an 8 ½ x 11 inch piece of paper. The drawing must show (a) the property boundaries of the facility; (b) the areas occupied by all storage, treatment or disposal operations; ( c ) the name of each hazardous waste operation and this name MUST match the name provided for each unit in category 11; (d) areas of past storage, treatment or disposal operations; (e) areas of future storage, treatment, or disposal operations, and approximate dimensions for the property boundaries and all storage, treatment or disposal areas. NEW FACILITIES are not required to submit this drawing.

(3) All existing facilities must include photographs that clearly delineate (a) all existing structures (b) all existing areas for storage, treatment, or disposal and ( c ) all known sites for future storage, treatment or disposal operations. Photographs may be in color or black and white. They may be taken at ground level or may be aerial photographs. The date, that each photograph was taken, must be included on the back of the photograph.

- 16. OWNER CERTIFICATION:** Each entity must certify the accuracy of the Part A form. All Part A forms must include this certification to be considered complete. Copies or stamped signatures are not acceptable. If the company, which owns the facility is the same as the company which operates the facility, only one signature is required in Item 17. If one company owns the facility, operates the facility, and owns the land, then only one signature is required in Item 17. Each certification must be originally signed and dated by the owner, operator, land owner or an “*authorized representative*” of the owner, operator or land owner. “Authorized representative” is defined in 401 KAR 38:070, Section 7 and includes:
- 17. OPERATOR CERTIFICATION:**
- 18. LAND OWNER CERTIFICATION:**

- (1) For corporations: (a) a responsible corporate officer such as a president, vice president, secretary or treasurer or any other person who performs a similar policy/decision making role for the corporation: (b) the manager of a manufacturing, production or operating facility employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second quarter 1980 dollars) if authority to sign documents has been delegated to this manager in accordance with corporate procedures.
- (2) For partnerships: a general partner
- (3) For sole proprietorships: the proprietor
- (4) For public agencies: a principal executive officer (i.e., the chief executive officer of the agency or a senior executive officer having responsibility for overall operations of a principal geographic unit of the agency) or a ranking elected official.

**IMPORTANT NOTE:** All information submitted on this form will be subject to public disclosure to the extent provided by Kentucky law. Persons filing this form may make claims of confidentiality in accordance with 400 KAR 1:060.